Non-availability of complaint book in Dr. R.M.L. Hospital, New Delhi

3147. DR. MOHD. HASHIM KJD-WAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to istate:

(a) whether it is a fact that the complaint bock is not made available to the patients in the Emergency of Ram Manor har Lohia Hospital, New Delhi;

(b) if so, what are the reasons therefor;

(c) what steps Government propose to take to make this facility available in the Emergency of the Hospital; and

(d) the number of complaints received by Government from the patients of the hospital during the last year?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) No, Sir

(b) Does not arise.

(c) Facility already exist.

(d) 43 complaints have been received during 1987.

3148. *[Transferred to the 1th December,* 1988]

अमरीका से प्रौद्योगिकी का आयात

3149. श्री ईश दत्त यादव : क्या प्रधान मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि हाल ही में भारत और अमरीका के बीच विज्ञान और प्रौद्योगिकी के क्षेत्र में सहयोग करने का एक समझौता हुआ है;

(ख) यदि हां, तो इस समझौते की मुख्य विशेषताएं क्या हैं; और

(ग) दोनों देशों के बीच वैज्ञानिक गतिरोध को दूर करने के लिए भारत सरकार द्वारा की गयी कार्यवाही और इस कार्यवाही से प्राप्त परिणामों का ब्यौरा क्या है ?

विज्ञान और प्रौद्योगिकी मंत्रालय में राज्य मंत्री तथा महासागर विकास, परमाणु ऊर्जा, इलैक्ट्रानिकी और अन्तरिक्ष विभागों में राज्य मंत्री (श्री के० आर० नारायणन): (क) अक्तूबर, 1988 में भारत-अमरीकी विज्ञान और प्रौद्योगिकी प्रारम्भन को तीन वर्षों की अवधि के लिए बढ़ाया गया था ।

(ख) इस विस्तारण के अंतर्गत, कुछ चालू परियोजनाओं को जारी रखने के लिए अभिनिर्धारित किया गया है और स्वास्थ्य कृषि, जैवभार, मानसून अनुसंधान, इंजीनियरी और ठोस अवस्था विज्ञानों में कुछ नये विषय शामिल करने का प्रस्ताव है।

(ग) भारत-अमरीकी विज्ञान और प्रौद्योगिकी प्रारंभन पारस्परिक हित के वैज्ञानिक और प्रौद्योगिकीय परीक्षणों के अभिनिर्धारण, सूत्रीकरण और कार्यान्वयन का एक सफल साधन सिद्ध हुआ है।

Widening gap between the rural poor and the urban rich

3150. SHRI A. G. KULKARNI: SHRI VIRENDRA VERM A:

Will the Minister of PLANNING be pleaded to state:

(a) whether it is a fact that the gap between the rural poor and the urban rich is widening due to non-remunerative agricultural prices as per the results published by Research Organisations who monitor the economy;

(b) whether it is also a fact that the isocial tensions in the rural areas are growing in view of this wide gap; and

(c) whether Government have any proposal to rectify this imbalance in the rural and urban earning?

THE MINISTER OF PLANNING AND THE MINISTER OF PROGRAMME IMPLEMENTATION (SHRI MADHAVSINH SOIANKI): (a) No Sir. The aim of the Agricultural Price Policy of the Government is to see that the agricultural prices remain remunerative.

(b) Dots not arise.

(c) The major thrust of planned growth in the country has been to reduce dispari-

ties in income. Almost all the points of the Twenty Point Programme including) Integrated Rural Development Programme (IRDP), National Rural Employment Pro gramme (NREP) and Rural Landless Employment Guarantee Programme (RLEGP) are oriented towards the target groups in the rural areas. These programmes have been continued in the Seventh Five Year Plan with an accelerated pace with emphasis on agricultural growth, developing the potential of dry land agriculture and adoption of special measures to increase the productivity of small and marginal fanners.

irrational Drug Formulation Subcommittee

3151. DR. (SHRIMATI) SAROJINI MAHISHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that some State Drugs Controllers are members of the Irrational Drug Formultion Sub-Committee of the Drugs Consultative Committee;

(b) whether it is a fact that the above subcommittee had recommended banning many drugs formulations, which were found safe and efficacious and licensed by the Drugs Controller?; and

(c) if so, the justification and sanctity of the recommendations of the Sub-Committee.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Yes Sir.

(b) and (c) The sub-committee of experts of the Drugp Consultative Committee examine the drug formulations from the angle of benefit and risk ratio, effectiveness and rationality of formulations including fixed doise combination of drugs in the context of present knowledge and data generated all over the world. Although some State Drug Controllers might have licensed certain formulations in the past as per the information of safety and efficacy available at that point of time, yet it ruy become necessary to review such formulations in the context of the present knowledge as per post-marketing surveillance and other information on drug formulations being generated all over the world. The review of marketed drugs has been a practice in many developed and developing countries.

Delay in LCA project

3152. SHRI SURESH KALMADI: Will the Minister of DEFENCE be pleased to istate:

(a) whether it is a fact that the Comptroller and Auditor General has taken a serious view of the inordinate delay in the development of prestigious LCA Project resulting in cost escalation and under-utilisation of the capacity of HAL;

(b) what are the reasons for this inordinate delay;

(c) whether any foreign collaboration has been finalised; and

(d) by when will the LCA be commissioned and what will be its cost?

THE MINISTER OF STATE IN THE DEPARTMENT OF DEFENCE PRODUCTION AND SUPPLIES IN THE MINISTRY OF DEFENCE (SHRI CHINTAMANI PANIGRAHI): (a) The Comptroller and Auditor General of India in their report on H.A.L. of 1987, have mentioned that there were delays in LCA project which contributed to under-utilisation of capacities in Bangalore Complex of H.A.L.

(b) Under the Project Definition Phase (PDP) there has been some delay due to the following:—

(i) Technical complexities;

(ii) Difficulties in evaluation of capabilities and proposals of foreign consultants and approvals of such proposals;

(ii) Teething problems in the establishment and operation of a new ^inter-agency" working procedures! which are required for LCA;

(iv) Budget allocations.